PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATE FEE RATE FEE (37 CFR 1.16(a)) TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = ' INDEPENDENT CLAIMS OR (37 CFR 1.18(b)) minus 3 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter *0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) · · OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING PRESENT NUMBER ENDMENT RATE AFTER PREVIOUSLY EXTRA ADDI-TIONAL AMENDMEN PAIDEOR TIONAL FEE Total (37 CFR 1.16(c)) Minus X S Independent (37 CFR 1.16(b)) OR Minus X 5 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS: HIGHEST REMAINING NUMBER PRESENT RATE MENT ADDI-AFTER RATE PREVIOUSLY **EXTRA** ADDI: TIONAL AMENDMENT PAID FOR TIONAL FEE Total (37 CFR 1.16(c)) Minus FEE 28 AMEND OR Independent (37 CFR 1.16(b)) Minus × 4200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST NUMBER PRESENT RATE ADDI-AMENDMENT AFTER RATE PREVIOUSLY EXTRA ADDI: TIONAL AMENDMENT TIONAL PAID FOR FEE Total Minus FEE (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL

VDD.F EEF.

TOTAL

AUD'L FEE

OP:

If the entry in column 1 is less than the unity in column 2, write "0" in column 3.

If the "Highest Humber Previously Paid For" IF THIS SPACE is less than 20, order "20".

If the "Highest Humber Previously Paid For" IF THIS SPACE is less than 3, enter "3".

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